Approved for use through 10/31/2002. OMB 0653-0032

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number.

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 9-13528-136US OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE RATE FEE BASIC FEE 710 \$ OR (37 CFR 1.14(a)) TOTAL CLAIMS 85 65 minus 20 = 1,170 x 5 18 (37 CFR 1.16(c)) OR INDEPENDENT CLAIMS 3 6 minus 3 = 80 = OR 240 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = TOTAL 2,120 OR TOTAL If the difference in column 1 is less then zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column I) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL. TOTAL. OR ADDIT, FEE (Column 3) ADDIT. FEE (Column 1) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-Φ REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent ... Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR L16(d)) OR OR ADDIT. FEE TOTAL ADDIT, FEE (Column I) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-PRESENT REMAINING NUMBER RATE TIONAL TIONAL RATE AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CTR 1.16(e)) _ Minus OR Independent Minus OR (37 CFR 1.16(6)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE ADDIT. FEE ••• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will very depending upon the needs of the individual case.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. It ince will very depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the United Information Officer, U.S. Patents and Trademark
Office, Weshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Weshington, DC 20231.